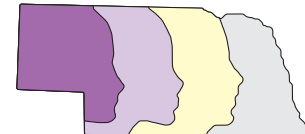


Treatment Funds Request Form

Every Woman Matters



NEBRASKA OFFICE OF WOMEN'S HEALTH



Version: August 2008

In order for your client to access Medicaid or other treatment resources this form must be complete.

The following documents are required to request financial assistance:

- ⊙ Treatment Funds Request Form
- ⊙ Breast/Cervical Diagnostic Enrollment, Follow Up and Treatment Plan
- ⊙ Pathology Report

For more information see Page 8-1 of the EWM Program Provider Contract Manual

Top two copies go to EWM. Provider may keep the bottom copy.

Treatment Funds Request Form completed by provider on: _____	Date ____/____/____	EWM Use Only
Breast/Cervical Diagnostic Enrollment, Follow Up and Treatment Plan completed by provider on: _____	Date ____/____/____	<input type="checkbox"/> Yes/received
Pathology Report sent on: _____	Date ____/____/____	<input type="checkbox"/> Yes/received

Client Information

First Name	Initial	Last Name	Maiden Name
Birthdate ____/____/____	Social Security # ____-____-____	Home/Cell Phone <i>circle one</i> () () ()	Work Phone () () ()
Address _____ _____ _____	City _____	County _____	State ____ Zip _____
In what state was the client born: _____	Primary Language? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____		
Is the client a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is the client's immigration status? _____ <i>(Please attach a copy of the client's INS papers, if available)</i>			
Eligibility: Medicare: <input type="checkbox"/> Yes <input type="checkbox"/> No Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No Private Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name of insurance company: _____		Diagnostic Test: _____ Diagnostic Test Date: ____/____/____ Result: <input type="checkbox"/> CIN I <input type="checkbox"/> CIN II <input type="checkbox"/> CIN III <input type="checkbox"/> Cancer in situ (<i>breast or cervical</i>) <input type="checkbox"/> Invasive cancer (<i>breast or cervical</i>) Treatment: _____ Scheduled Date: ____/____/____ <i>(CANNOT SUBMIT WITHOUT CLIENT ID AND PATHOLOGY REPORT)</i> Performed Date: ____/____/____	

Nebraska Medicaid notifies all clients of acceptance to Medicaid Treatment Funds within three days of receipt of application, along with a copy of Client Rights and Responsibilities.

SURGEON/CLINIC: _____	Phone: () () ()
Contact Person: _____	Fax: () () ()
HOSPITAL: _____	Phone: () () ()
Contact Person: _____	Fax: () () ()
PATHOLOGY: _____	Phone: () () ()
Contact Person: _____	Fax: () () ()
ANESTHESIOLOGY: _____	Phone: () () ()
Contact Person: _____	Fax: () () ()
Referred By/Clinic: _____	Phone: () () ()
Contact Person: _____	Fax: () () ()

Attach claim(s) to this form and submit to EWM Staff at the Central Office in Lincoln for clients not eligible for Medicaid. Providers have 60 days to submit claims for processing to the EWM Foundation. Treatment funds, if available, are administered through the EWM Foundation.

See reverse of this form for Points of Importance

Points of Importance

- **Federal law now requires that all clients applying for Medicaid Treatment must send a copy of their driver's license. If the client was not born in Nebraska they need to send a copy of their birth certificate also. If the client was not born in the United States the client will need to send a copy of their Naturalization papers or Citizenship papers. Please do not send the original.**
- The Treatment Funds Request Form must be completed, for all clients accessing Nebraska Medicaid or the Every Woman Matters Foundation, in order to receive treatment funds. Every Woman Matters (EWM) staff begins the process to evaluate the client for treatment funding options when the Treatment Funds Request Form is received.
- Clients must complete and submit the Breast and Cervical Cancer Medicaid Supplement Form initiated by EWM staff.
- EWM Case Managers may work with providers and clients to complete the required forms as needed.
- Clients receiving Medicaid for cervical dysplasia are eligible for Medicaid for 90 days.
- Clients treated for cervical dysplasia most likely will not receive a Medicaid **card**.
- Clients receiving Medicaid for breast cancer or invasive cervical cancer are eligible for Medicaid for one year.
- Nebraska Medicaid issues Medicaid numbers. Every Woman Matters does not issue them.
- To retrieve or verify a client's Medicaid number call **(800) 685-5456**.
- Nebraska Medicaid notifies all clients of acceptance to Medicaid Treatment funds within three days of receipt of application, along with a copy of Client Rights and Responsibilities.
- Clients ineligible for Nebraska Medicaid will be reviewed for eligibility for other treatment dollars.
- Every Woman Matters Foundation funds are limited to \$750.00 per client, per diagnosis, per lifetime, as long as funds are available.

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